

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9		2				
10		2				
11		2				
12		2				
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19		0				
20	1					
21	1					
22		2				
23	1					
24		1				
25		6				
26		6				
27		6				
28		6				
29		6				
30		6				
31		0				
32	1					
33	1					
34	1					
35	1					
36						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	21					
TOTAL DEP.	64					
TOTAL CLAIMS	85					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						